



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PLEASE PRINT

Position/s _____ Date _____

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

Business Telephone _____ Home Telephone _____

How were you referred to us?

- | | | | |
|---|---------------------------------|------------------------------------|--|
| <input type="checkbox"/> Newspaper ad | <input type="checkbox"/> School | <input type="checkbox"/> On my own | <input type="checkbox"/> Internet Web Site |
| <input type="checkbox"/> Current employee | <input type="checkbox"/> Agency | <input type="checkbox"/> Other | |

Name of referral source: _____

RETURN COMPLETED APPLICATION TO
RILEY COUNTY DEPARTMENT OF ADMINISTRATIVE SERVICES
DIVISION OF HUMAN RESOURCES
115 N. 4TH STREET, 3RD FLOOR WEST
MANHATTAN, KS 66502

PHONE (785) 565-6464 (voice and TTY), FAX (785) 565-6847

Please note: This application form was designed for use by persons applying for various types of positions -- clerical, professional, technical, and administrative. Please answer the questions to the best of your ability. All information will be treated confidentially. Alternate formats or assistance with completing this application is available on request.

TYPE OF WORK DESIRED

Indicate the position(s) for which you are applying: _____

Date available for work: _____

Do you have any commitment to another employer that might affect your employment with us? _____

SKILLS

Typing speed: _____ words per minute;

Software: _____

Other computer experience: _____

Other business machines you can operate: _____

Construction equipment you can operate: _____

Other: _____

EDUCATIONAL DATA

School	Print Name and Complete Address for each Listing	Number of Years completed	Degree, Major or Type of Courses
High School			
College			
Graduate School			
Trade, Business, Night, Other			

MILITARY EXPERIENCE

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation: _____

Briefly describe any job -related experience: _____

EMPLOYMENT HISTORY

List present employer or most recent employer first (use the back page of the application form if additional space is necessary). May we contact these employers? Yes _____ No _____

Employer: _____ Title of your Job: _____
Address: _____ Began: _____ Ended: _____
Type of Business: _____ Hours per Week: _____
Supervisor's name and phone number: _____
Reason for leaving: _____ Salary: start _____ end _____
Duties: _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
of People Supervised _____ for _____ years _____ Months (length of time)
List machines or equipment used regularly in the work of this position. _____

Employer: _____ Title of your Job: _____
Address: _____ Began: _____ Ended: _____
Type of Business: _____ Hours per Week: _____
Supervisor's name and phone number: _____
Reason for leaving: _____ Salary: Start _____ end _____
Duties: _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
of People Supervised _____ for _____ years _____ Months (length of time)
List machines or equipment used regularly in the work of this position. _____

Employer: _____ Title of your Job: _____
Address: _____ Began: _____ Ended: _____
Type of Business: _____ Hours per Week: _____
Supervisor's name and phone number: _____
Reason for leaving: _____ Salary: Start _____ end _____
Duties: _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
of People Supervised _____ for _____ years _____ Months (length of time)
List machines or equipment used regularly in the work of this position. _____

Employer: _____ Title of your Job: _____
Address: _____ Began: _____ Ended: _____
Type of Business: _____ Hours per Week: _____
Supervisor's name and phone number: _____
Reason for leaving: _____ Salary: Start _____ end _____
Duties: _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
_____ % _____ % _____
of People Supervised _____ for _____ years _____ Months (length of time)
List machines or equipment used regularly in the work of this position. _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes _____ No _____

Have you previously applied for employment here? Yes _____ No _____ If yes, when? _____

Have you previously been employed by Riley County? Yes _____ No _____ If yes, when? _____

Are any of your relatives employed here? Yes _____ No _____

If yes, please list name/s and department/s: _____

REFERENCES

Name and Address	Occupation	Phone

DRIVING RECORD

Do you have:

A valid Kansas Driver's License? Yes _____ No _____ License Number: _____

A valid Kansas Chauffeur's License? Yes _____ No _____ Class: _____

Have you had:

A moving violation within the past year? Yes _____ No _____

An accident within the past two years? Yes _____ No _____

Driver's License revoked or suspended? Yes _____ No _____

Explain any YES answers : _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. Attach additional sheets if necessary (you may exclude all information indicative of age, sex, race, religion, color, national origin, marital status, or disability).

AGREEMENT

(Please read the following statements carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the elected official or department head in charge of the position for which I am hired or myself. I understand that no official or county employee other than the Board of Commissioners of Riley County has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I hereby authorize the investigation of all statements made in this application and I hereby release from liability all person, companies, or corporations supplying any information concerning me. My signature authorizes Riley County to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees, and information needed to obtain a criminal background check. I further authorize collection of any employment -related information deemed necessary from former employers or personal references.

Signature

Date

[NOTE: A signature is required. If this page is returned electronically (e-mail), please print, sign and mail or fax this page.]

RILEY COUNTY
AFFIRMATION OF
DRUG AND ALCOHOL TESTING POLICY

STATEMENT OF POLICY

Riley County is committed to ensure a safe and drug and alcohol free workplace for all county employees and the general public. As a public employer, the county has a compelling interest in establishing reasonable conditions of employment. Prohibiting employee drug/alcohol use is one such condition.

Riley County is concerned with the well-being of its employees and the need to maintain employee productivity. The intent of Riley County's Drug Free Workplace Program is to offer a helping hand to those who need it, while sending a clear message that any illegal drug or alcohol use is contradictory with public services and WILL NOT BE TOLERATED!

It is the policy of Riley County that all applicants for safety sensitive positions who receive a conditional offer of employment submit to a drug and alcohol test to document they are drug and alcohol free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment and disqualification purposes. Any applicant who receives a confirmed "positive" drug screen result will have the offer of employment withdrawn and will be subject to disqualification from other application for county employment for a period of two years from the effective date of the disqualification action.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand Riley County's Drug Free Workplace Statement of Policy noted above, and I am aware that any offer of employment for a safety sensitive position is conditional upon my taking a drug and alcohol test and the results thereof. If the position I am applying for is not safety sensitive, I understand I must submit to drug and alcohol testing upon showing of reasonable cause. If hired into a position for Riley County, I agree to abide by all provisions of this anti-drug policy as a condition of my continued employment with the County.

APPLICANT NAME (PLEASE PRINT)

APPLICANT SIGNATURE

DATE

RILEY COUNTY REPRESENTATIVE

DATE

SELF IDENTIFICATION

NAME:

POSITION FOR WHICH YOU ARE APPLYING:

We, as an employer, wish to voluntarily comply with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect the disabled, disabled veterans, and veterans who served on active duty during the Vietnam -era for more than 180 days. **SUBMISSION OF THIS INFORMATION BY YOU IS VOLUNTARY**. Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED:

1. Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? ☐ yes ☐ no

2. What reasonable accommodation, if any, would you need?

You are not required to provide the above information. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation is necessary, or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

APPLICANTS IDENTIFYING THEMSELVES AS DISABLED OR VIETNAM -ERA VETERANS :

1. Are you a disabled veteran? ☐ yes ☐ no

2. Are you a Vietnam -era veteran who served on active duty for more than 180 days during the Vietnam -era? ☐ yes ☐ no

APPLICANTS IDENTIFYING THEIR SEX AND RACE

SEX CLASSIFICATION

☐ Male ☐ Female

EEO CLASSIFICATION

- ☐ White (not of Hispanic Origin)
☐ Black (not of Hispanic Origin)
☐ Hispanic
☐ Asian or Pacific Islander
☐ American Indian or Alaskan Native

Signature

Date